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WEMMH/SB/21 (4/03)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |  |                        |                   |
|--|--|------------------------|-------------------|
| Total Number of Pages in this Submission |  | Attorney Docket Number | 8017-357/ FG-4441 |
|--|--|------------------------|-------------------|

## ENCLOSURES (check all that apply)

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers   | <input type="checkbox"/> After Allowance Communication to Group   |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences   |
| <input checked="" type="checkbox"/> Amendment Response                       | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> To Convert a Provisional Application                            | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request-2 months       | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Additional Enclosure (please identify below)  |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Small Entity Statement  | <input checked="" type="checkbox"/> Return Receipt Postcard   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund  | <br><b>Request for Correction of Inventorship; Submission of Consent of Assignee; Consent of Assignee; Declaration &amp; Power of Attorney; Affidavit of Ismail C. Bagci; Affidavit of Peter K. Herman; Statement by the Inventor (Affidavit of Ismail C. Bagci).</b> |
| <input type="checkbox"/> Certified Copy of Priority Documents                |  |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |  | Remarks   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |  |
|-------------------------|--|
| Firm or Individual Name | James M. Durlacher<br>Woodard, Emhardt, Moriarty, McNett & Henry LLP |
| Signature               | <i>James M. Durlacher</i>  |
| Date                    | February 26, 2004  |

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date: February 26, 2004

|                       |                                     |
|-----------------------|-------------------------------------|
| Typed or printed name | James M. Durlacher, Reg. No. 28,840 |
| Signature             | <i>James M. Durlacher</i>           |
|                       | Date                                |
|                       | February 26, 2004                   |

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# FEE TRANSMITTAL FOR FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

Total Amount of Payment (\$ 722.00)

## Complete if Known

|                      |                   |
|----------------------|-------------------|
| Application Number   | 10/084,039        |
| Filing Date          | February 27, 2002 |
| First Named Inventor | Kevin C. SOUTH    |
| Group Art Unit       | 1723              |

MAR 01 2004

PATENT &amp; TRADEMARK OFFICE

## METHOD OF PAYMENT

## FEE CALCULATION (continued)

Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number

23-3030

Deposit Account Name

Woodard, Emhardt, Moriarty,  
McNett & Henry LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## 3. ADDITIONAL FEES

| Large Entity        | Small Entity | Fee Description | Fee Paid |
|---------------------|--------------|-----------------|----------|
| Fee Code            | Fee (\$)     | Fee Code        | Fee (\$) |
| 1051                | 130          | 2051            | 65       |
| 1052                | 50           | 2052            | 25       |
| 1053                | 130          | 1053            | 130      |
| 1812                | 2,520        | 1812            | 2,520    |
| 1804                | 920*         | 1804            | 920*     |
| 1805                | 1,840*       | 1805            | 1,840*   |
| 1251                | 110          | 2251            | 55       |
| 1252                | 420          | 2252            | 210      |
| 1253                | 950          | 2253            | 475      |
| 1254                | 1,480        | 2254            | 740      |
| 1255                | 2,010        | 2255            | 1,005    |
| 1401                | 330          | 2401            | 165      |
| 1402                | 330          | 2402            | 165      |
| 1403                | 290          | 2403            | 145      |
| 1451                | 1,510        | 1451            | 1,510    |
| 1452                | 110          | 2452            | 55       |
| 1453                | 1,330        | 2453            | 665      |
| 1501                | 1,330        | 2501            | 665      |
| 1502                | 480          | 2502            | 240      |
| 1503                | 640          | 2503            | 320      |
| 1460                | 130          | 1460            | 130      |
| 1807                | 50           | 1807            | 50       |
| 1806                | 180          | 1806            | 180      |
| 8021                | 40           | 8021            | 40       |
| 1809                | 770          | 2809            | 385      |
| 1810                | 770          | 2810            | 385      |
| 1801                | 770          | 2801            | 385      |
| 1802                | 900          | 1802            | 900      |
| Other Fee (specify) |              |                 |          |

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 550)

\* or number previously paid, if greater; For Reissues, see above

## SUBMITTED BY

|                   |                    |                                      |        |                   |                |
|-------------------|--------------------|--------------------------------------|--------|-------------------|----------------|
| Name (Print/Type) | James M. Durlacher | Registration No.<br>(Attorney/Agent) | 28,840 | Telephone         | (317) 634-3456 |
| Signature         | James M. Durlacher |                                      | Date   | February 26, 2004 |                |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.